

Subject: Possible Equipment Requests

Effective Date: July 1, 2010

Not limited to the following:

P O S S I B L E E Q U I P M E N T R E Q U E S T S	
CYSHCN	SPECIAL REQUEST
Flutter Valve for Cystic Fibrosis	Air Pressure Study*
Kidd Cart (Seating Clinic Required)	Bath Chair/Shower Chair/Tub Stand
Nebulizers and Supplies	Batteries for Power Wheelchair's
Splints	Car Seat
Stroller/Push Chairs**	Floor Sitter
Programmable Hearing Aids***	FM System for Hearing
Walker (Kaye)	Gait Trainer
Wheelchair Accessories	Grab Bars
	Hand Held Shower
	Helmets
	Lifts
	Potty Chair/Toilet Trainer
	Prone Stander
	Ramp
	Standing Frames
	Stroller/Push Chairs**
	Tilt board (CF DX)
	Transfer Boards, Balls or Scooters
	Tumble Form Chairs
	Programmable Hearing Aids***

* No request necessary

** Individual review – based on Seating Clinic recommendations

*** If provider will accept our allowed amount (\$420.00/aid)

All services are limited to available CYSHCN funding and reimbursement rates.